dissecting aneurysm and extravasation of blood into the circumjacent tissues, resulting in a fatal mediastinal hemorrhage and left hemothorax.

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THE INTENTIONAL SIMULATION OF PERINEPHRITIC ABSCESS AND ACUTE APPENDICITIS

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THE following instance is unique in the use of knowledge to simulate perinephritic abscess and acute appendicitis. A third-year student nurse, aged twenty-four years, gave a history of having scratched her left arm while pinning on the cuff of her uniform, the scratch occurring in an old scar resulting from radium treatment of a birthmark. The scratch was at such a location that the sleeve and cuff of the uniform continually rubbed it while the patient was at work.

REPORT OF CASE

Patient was admitted to the hospital on March 3, 1930, at which time the arm was red, indurated, and hot. The temperature was 101, pulse 88, respiration 20. Leukocytes were 15,500, of which 90 per cent were polymorphonuclears. The urine showed a trace of albumin. On March 8, tenderness and swelling developed in the left flank. Heat and redness were also present. A perinephritic abscess was suspected, secondary to the infection in the arm. This swelling gradually subsided and had practically disappeared on March 16.

On March 18, the patient complained of severe pain in the right lower quadrant of the abdomen. The temperature at this time was 104; the leukocyte count, 25,500, of which 92 per cent were polymorphonuclears. There was marked tenderness over McBurney's point and very definite spasm of the right rectus muscle. Nausea was present and the patient vomited on several occasions. Rectal examination gave negative information. A surgical consultant made a diagnosis of acute appendicitis and advised operation. At operation an incision made through the right rectus muscle demonstrated a marked edema in the subcutaneous tissues. There was no pus. Exploration of the abdomen was entirely negative. A normal appendix was removed. An inflammatory reaction developed about the wound. Probing of the wound on subsequent days revealed no pus. On April 3, approximately two weeks after operation, probing resulted in the discharge of a large quantity of greenish-yellow foul pus. Culture revealed a hemolytic streptococcus, beta type, and a gamma streptococcus. Following drainage, the wound healed, and the patient was discharged on April 16.

After her discharge from the hospital it was learned from this patient that both the perinephritic abscess and the appendicitis were simulated by her. Dreading a temporary service in another hospital, required of all student nurses, she took saliva from her own mouth and injected it with a Luer syringe and a long needle into the left lumbar region. When it became evident to her that this condition was being handled satisfactorily and she was beginning to recover from it, she injected saliva into the right rectus muscle over McBurney's point.

In her confession she stated that she feared someone might observe the needle-puncture wound in the skin in either instance. Later, after the onset of pain and tenderness in the right lower abdomen, she was fearful that the needle had penetrated the peritoneum and that an acute peritonitis was developing. Even when beset with these fears, it did not occur to her to acquaint anyone with what had happened.

The likeness of the clinical picture to appendicitis as recorded above was very striking.

Following psycho-analytical care, this patient was judged to have a constitutional psychopathic personality.

Cottage Hospital.

AN IMPROVED CERVICAL BRACE

By STEPHEN T. RAGAN, M. D.
Los Angeles

THE hazard of automobile traffic, the frequency of aeroplane crashes, the showmanship in wrestling matches, and the spectacular in football contests, have greatly increased the incidence of cervical fractures during the last decade. Many of these patients die early from accompanying cord damage, but a great number sustain fractures of the body, the processes, the laminae, or the pedicles, without showing evidence of paralysis below the area of trauma. After preliminary hospitalization, during which period a suitable brace is fitted, such patients do well upon ambulatory treatment.

In the manufacture of our cervical brace, a plaster cast of the cervical and upper dorsal region is made. This extends from the lower lip anteriorly, and the mastoids posteriorly, down the torso to the eighth rib. From this model, plates of twenty gauge duralumin are made to fit the chin, occiput, chest, and shoulders. Metal tubing is extended downward from each side of the chin and occiput plates, to slip over three-sixteenth-inch spring alumin rods, extending upward from the chest and shoulder plates. The rods are threaded, and carry lock nuts for height adjustment. Contact sides are padded with quarter-inch felt, covered with light horse hide, and an outside trim of light sole leather is sewed in place. One-half-inch straps and buckles connect chin to occipital plate, and breast to shoulder plate. At the inferior border of the apparatus, a one-inch webbed strap encircles the thorax to prevent slipping. The total weight is twenty-nine ounces.

Because of fit and easy adjustment, absolute immobility is assured. Ventilation is adequate.